STATEMENT OF

FORM 1	ORGANIZATION (See instructions)	Office use only
1. NAME OF COMMITTEE (in	(Check if name Example: If typying, type over the lines	12FE4M5
New Prosperit	y Foundation; The	
ADDRESS (number and	200 S Wacker Dr	
(Check if address is changed)	Suite 4000 Chicago	IL
	CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address) thubona@rbimail.com	
COMMITTEE'S WEB (Check if address is changed)	PAGE ADDRESS (URL) www.newprosperityfoundation.org	
 DATE M N N N N N N N N N N N N N N N N N N	25 2010 TION NUMBER C C00488494	
I certify that I have exami	ned this Statement and to the best of my knowledge and belief it is true, correct ar Treasurer Gregory Baise	nd complete
Signature of Treasurer	Electronically Filed by Gregory Baise	Date 10 / 25 / Y Y Y Y Y Y
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the person signing this Stat	
Office Use Only	For further information of Federal Election Commiss Toll Free 800-424-9530	